

STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER **OF WATER RIGHT**

FOR OFFICE USE ONLY

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF **ECOLOGY MUST ACCOMPANY THIS APPLICATION**

Check all that apply.) ☐ Change purpose(s) of use ☐ Add purpose(s) of use ☐ Change point(s) of diversion/withdrawal ☐ Add point(s) of diversion/withdrawal ☐ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust water) Explain: to supply usater to roug use ☐ Theeded **IF MORE SPACE IS NEEDED, ATTACH A	DATE ACCEPTED 10 FEE \$ 50 RE CHECK No. 8459 SEPA: □ Exempt	SEPA: □ Exempt □ Not exempt			
1. Applicant Information:					
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.			
Teanaway Valley Family Farm, L.L.P.	()	()			
ADDRESS					
14809 SE 54 th St					
CITY Bellevue	STATE WA	ZIP CODE 98006 ~ 3521			
CONTACT NAME (IF DIFFERENT FROM ABOVE) John P. Gilreath	PHONE NO. (509)925-3191	FAX NO. (509)925-7640			
ADDRESS P.O.Box 499					
CITY Ellensburg	STATE WA	ZIP CODE 98926 - 0499			
2. Water Right Information: WATER RIGHT OR CLAIM NUMBER 00383/(A)05635	RECORDED NAME(S) Teanaway Valley Family Fari	m IIP			
DO YOU OWN THE RIGHT TO BE CHANGED? MI YES IN		11, 1/1/1			
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	Y				
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAS	ST FIVE (5) YEARS? TYPES NO				
Please attach copies of any documentation that of was established. Also, if you have a water system application.	demonstrates consistent, historical m plan or conservation plan, pleas 3 CTCL @ L (A)	l use of water since the right e include a copy with your			

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Teanaway River	1	NE	SW	10	20	16	20-16-10000-0009	
Unnamed Stream	2	SW	NE	10	20	16	20-16-10000-0009	4. 1.

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Teanaway River	1	NE	SW	10	20	16	20-16-10000-0009	
Unnamed Stream	2	SW	NE	10	20	16	20-16-10000-0009	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: A YES X NO

PROPOSED: TYES NO-IF NO, PROVIDE OWNER(S) NAME: State of Wash

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation/Stockwater	0.63 cfs	114/1	May 1-Sept 15
			Year around as to stockwater
			1-15: 12: 12: 12: 12: 12: 12: 12: 12: 12: 12

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Same			

5. Place of Use:

A. Existing

<u>6.5 a</u>	cres w	ithin th	at port	ion of	the NE1/4SW1/4 ar	nd NW1/4SE1/4	of Sec.10,
.20N	R.16	E.W.M.					
				-			
<u> </u>							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	DARCEL #	# OF ACRES
74	74	SEC.	IVVP.	RGE.		PARCEL#	
				to the little of the	Kittitas		26.5

					<i>Cittitas</i>		26.5
O YOU O	WN ALL THE	LANDS IN	THE EXISTI	NG PLACE OF L	JSE?	IF NO, PROVIDE OWNER(S)	NAME:
3. Pro	posed						
			LEGAL DES	CRIPTION OF L	ANDS WHERE NEW USE IS	S PROPOSED:	7
<u>Same</u>							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRE
O VOU O	WN ALL THE	LANDS IN	THE PROPO	OSED PLACE OF	USE? YES NO	- IF NO, PROVIDE OWNER	(S) NAME:
-							
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tach a	detailed i	nap of yo	ur propos	sed change/t	ransfer. The map sho	ould show existing and	proposed po
						vith this application. I	
				The second secon	er teatures involved v	vitn tnis application. I	r pιαττeα prope
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YES		YES PROV	IDE THE WA	TER RIGHT/CL	AIM NUMBER(S):	teant has add	THE STANSFER
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Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application am hereby granting staff from the Decement of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

ECY 040-1-97 (Rev. 7/05)

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APPLICATION FOR CHANGE

Sol Sulu Jutty for (Applicant)	9 126 165 (Date)
(Water Right Holds	er) (Date)
(Land Owner(s) of Existing I	Place of Use) (Date)
	ING INFORMATION IS PROVIDED ON THE NEXT PAGE.
WE ARE RETURNING YOUR APPLICATION	
☐ APPLIÇATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED or INCOMPLETE
ADDITIONAL SIGNATURES REQUIRED	☐ SECTION IS INCOMPLETE
OTHER/EXPLANATION:	
STAFF:	DATE:/